Docket: <u>DCAB</u>



APPLICATION FORM DISABILITY AND COMMUNICATION ACCESS BOARD

919 Ala Moana Boulevard, Room 101, Honolulu, HI 96814, V/TTY: (808) 586-8121; Fax: (808) 586-8129

Applicant Information		
Company:		
Address: City:	State: Zip:	
Contact: Title:	Dhomo	
Title.	rax.	
Request Information		
☐ Site Specific Alternate Design ☐ Interpretive Opinion ☐ Design Specification (choose one):		
	□ <u>ADOPTION</u> □ <u>A</u>	MENDMENT □ REPEAL
Guidelines:	Section(s)	
Description:		
	Cita Crocific Alternata Degion	
Site Specific Alternate Design		
Project Title:		
Job No.:	T.M.K.:	
Agency:		
Address:		County:
Contact:		Phone:
Title:		Fax:
any misstatement the processing of ing processing for notices to the DO the DCAB will b	that all statements in this application are true and correct to the best of my knowledge, a nts of material facts herein may be grounds for site specific alternate design denial. I und f this application for a site specific alternate design by the Disability and Communication ees, proceeding costs and legal notice publications, will be billed directly to me. In addit CAB for review, approval and filing for publication. Further, I understand that all materies retained and will be considered public documents under HRS §92F and shall be available earing as well as after a final decision is made.	erstand that all costs related to a Access Board (DCAB), includ- ion, I agree to submit all public erials filed with or presented to
Signature:	Date:	